

THE ORERE SOURCE

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Nancy Berlinger, Jacob Moses

The five people you meet in a pandemic - and what they need from you today: ethical decision making during an influenza epidemic

A Hastings Center Backgrounder

(Nov 2007) pp. 1-14

Written before the threatening H5N1 flu pandemic that began to be identified in April 2009, this document is available on the website of The Hastings Center. The document was written to help officials and first responders to make ethical decisions - fair decisions - under potentially immense pressure during a continuing crisis. It gives guidance as to how to allocate limited resources fairly.

The five people in the title are representative community members who are first responders, and this document is intended to help them think and plan ahead about their responses when a pandemic arrives. (It was assumed at the time of writing that it was a matter of "when", and not "if" a pandemic would spread to a smaller or larger extent around the world.)

The "five people" are: the truck driver - community members responsible for non- medical tasks in a public health emergency; the gatekeeper, the triage officer, and the janitor who represent groups working inside hospitals, who are responsible for a variety of tasks and decisions; the public health official represents local, state and national authorities who make or carry out rules (laws, regulations policies) in an emergency.

The responsibilities of each group are described in turn, from an ethical perspective.

The publication also contains resource documents from publications and websites. For example, it contains Maryland's pandemic plan, including their detailed vaccination priority list. (When this writer tried to obtain Chicago's vaccination list two years

ago, I was told that it was confidential and it would not be made public; it has not).

To obtain a copy of "The five persons....." go to: <http://www.thehastingscenter.org> and select the tabs: Publications, then Special Reports.

Brian Brock

Autism, care and Christian hope

***** J of Religion, Disability and Health**

Vol. 13 # 1 (- 2009) pp. 7-28

"This article is an attempt to display a consciously Christian response to the practical and existential challenges presented by autism." With these words, Brock introduces us to his approach to autism, one that presents the relationship of carers for individuals with autism in a way that is different from analytical or "distanced" approaches.

He describes providing care for those with autism in which the resources of Christian theology are "brought to bear on the challenges it raises for those who live with it (autism) on a daily basis." (p.8) Rather than a "religious studies" approach he attempts to "display how theological claims direct attention to features of situations and relationships" (p. 9) that other approaches can overlook. He discusses autism and the "revelatory claim of the neighbor," and from his experience of living with his son who has autism, the six emotions that seem most prominent in such a relationship: frustration, grief, longing and uncertainty, as well as expectation and enjoyment.

In the largest section of the article, Brock enters into a theological debate about how best to conceive our relationships with persons with autism; which take the reader into issues concerning eschatology, healing and hope. (25 refs)

Lauren Cahoon
More than skin deep
Science

Vol. 322 # 5902 (31 Oct 2008) pp. 667-669

An informational article concerning scleroderma, the problems the disease causes patients, the reasons for the disease and how it is treated.

Chaplains used to visit patients suffering from scleroderma when they were dying of kidney failure. Lung problems are now more common. The Choctaw Nation of Oklahoma has the illness at a much higher rate than the rest of the population. Paul Klee probably suffered and died from the disease. (See his painting "Captive" which is a self-portrait of his suffering from the disease.) (0 refs)

Lindsay B. Carey, Jeffrey Cohen
Religion, spirituality and health care treatment decisions: the role of chaplains in the Australian clinical context

***** J of Health Care Chaplaincy**

Vol. 15 # 1 (- 2009) pp. 25-39

Do chaplains believe they have a role in assisting patients/families in their health care treatment decisions? That was the questions asked by the authors of this Australian study, the results of which show that hospital chaplains there are deeply divided. Of the 327 chaplains who completed the survey, comprising 218 employed and 109 "volunteer" chaplains, 70% believe they do have a role; 19% say "no" with 11% not sure. Further analysis revealed that the percentages were the same whether the chaplain was employed or a volunteer, male or female, Catholic or Protestant.

The data is sufficiently detailed that we learn about the specific contributions chaplains believe they make by their counseling. They say they help patients by "talking through faith issues," by affirming that "treatment issues were not evil," by "addressing various issues of guilt," by addressing fears in order to help patients/families make clear decisions." (37 refs)

For more than 10 years now, Carey, usually in collaboration with a colleague, has been uncovering a broad picture of the contributions of Australian hospital chaplains. The scope of his work can be seen on this website: <http://caperesearch.com.au> where his almost 50 publications are listed.

Raymond De Vries, Nancy Berlinger, Wendy Cadge

Lost in translation: the chaplain's role in health care

The Hastings Center Report

Vol. 38 # 6 (Nov/Dec 2008) pp. 23-27

"If chaplains wish to be recognized as a profession, they must be able to describe what constitutes "quality" in their area of patient care." Unfortunately, chaplaincy work is hard to measure. However, these authors - two sociologists, one a research scholar and volunteer for a chaplaincy service, all supportive of the work of chaplains - here present their observations, reflections and a series of discussion points about the nature of chaplaincy as a profession, and about its future. They believe that in order for chaplaincy to have a viable and strong future, they must be able to describe how their profession and their day-to-day work in the hospital contributes to the healthcare and the ongoing task of quality improvement. They frame their comments within a professionalization model, describing from a sociological perspective what the challenges will be in doing so.

In their final section on self-interest and public interest, they point out what they see as weaknesses in the goals of the A.P.C. in their 2007-2008 strategic plan, and suggest ways the weaknesses might be addressed. (Ed: If you read no other paper on chaplaincy this year, read this one.) (3 refs)

Larry Dossey
The varieties of vision
Explore (New York)

Vol. 5 # 2 (Mar/Apr 2009) pp. 63-69

This essay is an exploration into our understanding of "seeing" - what does it mean to see? How is it that we can "hear light" and "see sound"? What is blindsight? What is "first sight"?

This article is not about chaplaincy, it is about one of our senses that many of us take for granted, but about which there are still many mysteries, as Dossey describes throughout his paper. For example, Dossey tells the story of John Wesley, the founder of Methodism, replying to a letter in February 1772 from Emanuel Swedenborg, who was gifted with "second sight." Wesley had received a letter from Swedenborg saying that he knew Wesley wished to visit him. Wesley replied that he did, though this was something that Wesley had never told anyone else about. Wesley replied suggesting a date, but Swedenborg replied that it would be too late, that he would be dead by that date. And he was, on 29 March 1772. How did

Swedenborg "see" Wesley's wish in order to make that first contact, and how did he "see" the date of his death; he was not a sick man. (35 refs)

Larry Dossey

Healing research: what we know and what we don't know

Explore (NY)

Vol. 4 # 6 (Nov/Dec 2008) pp. 341-352

A wide ranging review and assessment of the research that has been done to investigate whether or not distant healing (often referred to as prayer) has any validity. After a brief historical introduction, he looks at the major research efforts in recent years. A quote he includes, words written by others, indicate where he thinks the field is today: "There is evidence to suggest that mind and matter interact in a way that is consistent with the assumption of distant healing. Mental intention has effects on nonliving random systems (such as random number generators) and may have effects on living systems. While conclusive evidence that these mental interactions result in healing a specific illness are lacking, further quality research should be pursued." (So Jonas and Crawford in *Healing, Intention and Energy Medicine*. Churchill Livingstone. 2003. p.xv-xix)

He looks at the work done in two major projects - the Achterberg fMRI study, and the STEPS project. He then presents twenty "considerations for future research."

(*Comment*: To be read if you are interested in the most frequently requested intervention that patients ask of a chaplain.) (70 refs)

Nick Dubin, Janet E. Graetz

Through a different lens: spirituality in the lives of individuals with Asperger's syndrome

***** J of Religion, Disability and Health**

Vol. 13 # 1 (- 2009) pp. 29-39

Even though spirituality is believed to be an important part of the lives of many people, little information has been gathered about spirituality in the lives of persons with Asperger's syndrome (AS), a high-functioning form of autism.

In this article, we are given an overview of the syndrome, and a discussion as to how cognition is reflected in the development of persons with AS and their development of what some researchers call "an existential theory of mind", (how these persons make meaning from important life events), their

movement toward the sciences, and their understanding of spirituality.

The authors conclude with a discussion about how faith-based communities might promote personal and spiritual health. (42 refs)

Mita Giacomini

Theory-based medicine and the role of evidence - why the emperor needs new clothes, again

Perspectives in Biology and Medicine

Vol. 52 # 2 (Spring 2009) pp. 234-251

This paper is about religion and science. It is primarily about the development of knowledge that will help doctors help patients more effectively, but to make his critique of the evidence-based approach, Giacomini takes as his example, the research that has been done to validate the effectiveness of prayers for healing. He reviews the medical research projects which have examined remote intercessory prayer and shows how a lack of clear thinking at a theoretical level can undermine the value of the evidence that such research has gathered.

Simply stated, he argues that, when one is doing "evidence-based research," until there is sufficient understanding of the relationship between theory and cause, any data that is gathered - even when the data is statistically valid, gathered by rigorous experimental methods, etc - such data will always be suspect and unacceptable.

The paper may be read for its critique of the evidence-based approach to advancing medical knowledge. The section in which he describes the clinical trials of remote intercessory prayer and the theoretical basis of remote intercessory prayer interventions (p. 238-246) may be read separately for an overview of the studies which have been completed to help us understand the prayer-health relationship.

Giacomini writes very clearly about a topic that is complex but important. (48 refs)

James C. Harris

Hagia Sophia (Divine Wisdom)

Archives of General Psychiatry

Vol. 66 # 4 (Apr 2009) pp. 353-354

It is not common for an image of the Virgin Mary and the baby Jesus to be seen on the cover of a psychiatric journal. Yet here is such an image serving as the introduction to an article by Meeks and Jeste about the nature of wisdom, and this editorial about Divine Wisdom. The image referred to is a photo of

one of the majestic mosaics located in Istanbul's Megale Eklesia (Great Church) or Hagia Sophia.

Harris gives a detailed description of the history of the church (which later became a mosque, and finally a museum) as a setting for religious practice, a place for the seeking of wisdom.

This is all preface to the question of understanding how spiritual wisdom is gained, and how it might be taught. Harris touches on the work of William James, William Bucke (Canadian psychiatrist whose work had impressed James), Ralph Harper (late 20th century theologian), and then turns to the work of Paul McLean who has begun to look for the basis, the neurological substrate, for the "self" in the brain. And that is his introduction to the "Neurobiology of wisdom" by Meeks and Jeste. (See p. 355-365, same issue).

Harris concludes the editorial with a description of the work of Thomas Merton, especially his poem Hagia Sophia. This is how Harris thinks of Merton and this poem: "...it is in his poetry that he (Merton) comes closest to conveying the importance of striving toward wisdom. His poem "Hagia Sophia" is organized around the liturgical hours of a monk's day. The day begins as he awakens and proceeds as he experiences the sense of a divine presence as Wisdom. He acknowledges it, and, as he engages the presence, the interior silence deepens throughout the day. Refreshed he goes forth as a new man and falls asleep that night with renewed understanding of the wordless gentleness that welcomed him that day "with indescribable humility.... {Her tenderness enjoined} my own being, my own nature, and the Gift of my Creator's Thought and Art within me, speaking as Hagia Sophia, speaking as my sister, Wisdom." (From In the Dark before Dawn: New Selected Poems of Thomas Merton. L.R. Szabo (Ed). New Directions Publishing Group. 2005 (p. 63) (11 refs)

Leonard Hummel, Kathleen Galek, Kathryn M. Murphy, Helen P. Tannenbaum, Laura T. Flannelly

Defining spiritual care: an exploratory study

*** J of Health Care Chaplaincy

Vol. 15 # 1 (- 2009) pp. 40-51

The task of defining "spiritual care" is a complicated and vexing one, with differing perspectives originating in semantics, history and "turf" issues. Hummel and his colleagues present the results of their study to understand spiritual care. They looked at the healthcare literature published be-

tween 1980 and 2005 to find articles with the words "spiritual care" in their titles. They found 101 articles, selected those which described interventions (66 of them) the authors considered might be considered spiritual care, and then gave the 66 interventions to 25 professional chaplains, asking them to rate the degree to which they considered each intervention an example of spiritual care. The chaplains were in general agreement with nurses as to what constitutes spiritual care.

The most striking finding from the study, according to its authors, is that in the health care literature, spiritual care is more widely discussed by nurses than any other professional group. (It should, however, be noted that for the bulk of the period covered by the initial search, the major pastoral care journals were not included in Medline, the source of the data for the study.)

Second, the small group of chaplains surveyed agreed with nurses as to which interventions constituted spiritual care and what that care entails. (29 refs)

Alun C. Jackson, Kate Enderby, Maree O'Toole, Shane A. Thomas, David Ashley, Jeffrey V. Rosenfeld, Emma Simos, Nicole Tokatlian, Rannee Gedye

The role of social support in families coping with childhood brain tumor

*** J of Psychosocial Oncology

Vol. 27 # 1 (- 2009) pp. 1-24

Earlier research has shown that support from social networks provide a protective factor buffering the negative effects of stressful situations, or events, such as having a child with a chronic illness. However, there are still unanswered questions about coping styles, and the changes that occur over time. In this study of 83 parents of children with brain tumors who were being treated in hospitals in Australia, Singapore and New Zealand, the researchers tracked families for two years post-diagnosis in order to examine the relationship between social support and coping.

The results confirmed findings from earlier research: different types of support are needed at different times in the course of the illness. The earlier research findings are reviewed, as is the literature on social support and coping. But the study also identified the use of various coping strategies by families which were directed at the maintenance and strengthening of existing supports, and the securing of new supports.

Additionally, the study failed to show a statistically significant relationship between level of coping and social support, suggesting that the parents were primarily using "internal" family-based means of coping, including pre-existing means, with external social support being an addition to their coping rather than being a major contributor. (60 refs)

Martha R. Jacobs

What are we doing here? Chaplains in contemporary health care

The Hastings Center Report

Vol. 38 # 6 (Nov/Dec 2008) pp. 15-18

This is the introductory essay to a group of four essays about professional chaplaincy, primarily health-care chaplaincy. Jacobs is a chaplain in New York, and managing editor of the e-newsletter PlainViews.

In this piece, she tackles the complicated task of explaining what it is that chaplains actually do in health care facilities, how chaplains get their jobs, what their focus is (or should be), calls for the standardization of chaplaincy practice, and urges greater dialogue between chaplains and other health care professionals.

Jacob's insights concerning what chaplains are doing and the context within which they are currently functioning make this article stimulating reading for all chaplains who are mindful of the future of their profession. (9 refs)

Youngmee Kim, Rachel L. Spillers

Quality of life of family caregivers at 2 years after a relative's cancer diagnosis

Psycho-Oncology

Vol. 18 # 4 (Apr 2009) pp. 1-10

A study done to find out about the quality of life (QOL) for family caregivers at two years after their relative's cancer diagnosis. The authors also attempted to predict certain aspects of these same caregivers' QOL based on their demographic and caregiving characteristics.

The participants (n=1635 across the U.S.) reported normal levels of QOL at this point in time, except that they were more likely to be experiencing increased levels of spirituality than do persons who are experiencing a chronic illness. Additionally, caregivers' age and income, and care-recipients' poor mental and physical functioning were significant predictors of QOL two years post-diagnosis.

One implication for pastoral caregivers would seem to be that younger, relatively poor caregivers who

are providing care to relatives with poor mental or physical functioning may benefit from interventions to help in their spirituality. (70 refs)

Mark LaRocca-Pitts

FACT: Taking a spiritual history in a clinical setting

***** J of Health Care Chaplaincy**

Vol. 15 # 1 (- 2009) pp. 1-12

A number of tools have been created in recent years to provide health care providers with information about the spiritual history of a patient. Interestingly, many of them have been the work of medical doctors. LaRocca-Pitts is a hospital chaplain.

He calls his spiritual history tool: FACT which stands for F-Faith (and/or belief); A- Active (and/or Available, Accessible, Applicable); C-Coping (and/or Comfort.) C- Conflicts or Concerns; and T-Treatment. He suggests a number of questions relating to each of the four which are intended to elicit information about each aspect of the spiritual life. He presents it as an approach that can be used by any health care clinician, including doctors, chaplains and others, and includes appropriate warnings (see "guidelines", P. 5) about how this tool should be used.

In the second section of the paper he describes the importance of spiritual history tools, in the course of which readers are introduced to the major spiritual assessment tools to date: Lo et al ACP Spiritual History (1999), Puchalski's FICA (2000), Koenig's CSI- MEMO (2002), Anandarajah and Hight's HOPE (2001), and King's FAITH (2002). The purpose of this section is to emphasize that it is important that the clinician take a spiritual history, describing how it might be done. Finally, building on a piece of work by Koenig, LaRocca-Pitts then discusses what makes some of these tools better than others.

(Comment: To this writer, titling FACT as a spiritual history tool seems unfortunate. FACT does not gather a history in the way a physician gathers a medical history. Rather, it provides information for an assessment, upon which an intervention might be planned. LaRocca-Pitts is aware of this issue, briefly differentiating between a "screen", a "history" and an "assessment."

This is an important article for chaplains to obtain if they do not already intentionally incorporate assessment into their pastoral work with patients and families.) (25 refs) (Note: There is a publisher's error in the dating of this issue of the Journal. It is

shown to have been published in 2008; it actually appeared in 2009.)

Faye Lederman

"Praying with Lior": toward an inclusive re-imagining of disability

***** J of Religion, Disability and Health**

Vol. 12 # 1 (- 2008) pp. 21-36

Praying with Lior is the story of a little boy who has Down's Syndrome. It raises critical questions about the meditation and representation of disability on film. Ilana Trachtman's documentary presents a now teenage Jewish boy who, with his disability is able to pray with such intention that he has become a revered figure in his Jewish community. Lederman's article is about the filmmaker's attempts to re-make ideas about disability and to challenge some of the common ideas of inclusion and exclusion. (10 refs)

Jessica Marshall

Is it really bad to be sad?

New Scientist

Vol. 201 # 2691 (17 Jan 2009) pp. 36-39

You are a chaplain nearing the end of a pastoral visit in which the person you have been ministering with has been describing recent events in their life. They seem very down, a doctor would describe them as sad, but probably not depressed. The person asks you to pray for them. You do so, and when you finish, the person thanks you, and as you begin to leave they ask you for your opinion on a matter. Their doctor has been urging them to take an antidepressant pill. Do you believe that they should do so, the person asks.

What would be your answer, and why?

Marshall's article is about sadness and the arguments whether antidepressants should be given to people who have sad feelings. There are pros and cons which Marshall reports. Sadness has its uses, as she describes. On the other hand, sad persons can slip into depression.

The debate will become more pointed as the Diagnostic and Statistical Manual of Mental Disorders comes up for revision in 2012, when the question of whether or not sadness following a bereavement should be dropped from the manual, because sadness is "normal", and should not be included in a list of psychiatric symptoms. (0 refs)

Louis Nieuwenhuizen

Psychospiritual symptoms in times of crisis: studying the lived experience of hospital patients and its integration into theory

Chaplaincy Today

Vol. 24 # 2 (Autumn/Winter 2008) pp. 3-13

In this paper, Nieuwenhuizen describes a transformation process model he has developed, and then presents a small study intended to illustrate its usefulness. The results are a paradigm within which chaplains can provide more effective, targeted pastoral care. The model he has developed describes the process by which a person can be changed ("transformed") by a crisis experience. (See "*Spiritual care illustrated: creating a shared language*" in the J of Pastoral Care and Counseling Vol 61 # 4 (2007) p. 329-341.)

In this next paper he reports his study which uses the identification of psychospiritual symptoms in patients as an assessment aid to identify where a person is on the trajectory he described, his transformation process model. The results from the interviews which he reports here (n=18) support his hypothesis that disequilibrium in the spiritual self seem to cause "stage specific spiritual distress symptoms." (See his figure 3.) He writes: "Symptoms need to be understood both within the context of this system and as manifestations of a compromised spiritual self. Making sense of symptoms outside of this context is futile and leaves the chaplain/spiritual caregiver operating in a contextual vacuum." (p.3,4)

He begins by describing what he means by the "spiritual self" and spiritual distress. He then describes the healing journey curve (See his figure 1.), and finally tests his theory from the experiences of the 18 patients who were interviewed. He also includes the open-ended questions that were used in the study to help identify psychospiritual symptoms in times of crisis. (Comment: as the author points out, his approach is a unique one. It warrants discussion in chaplaincy circles. Even if his model is modified, his call to conduct assessments within a model of spiritual self is an important development in the work of chaplaincy assessments.) (35 refs)

Helena Rocklinsberg

The complex use of religion in decisions on organ transplantation

J of Religion and Health

Vol. 48 # 1 (Mar 2009) pp. 62-78

Decisions about organ transplantation are closely connected to a person's view of their life, according to Rocklinsberg. This article describes how participants in a focus group used religious elements in their decision-making on transplantation medicine in four European countries (Sweden, Austria, Greek/Cypriot, Germany). She then relates her findings to the thought of two theologians, James Gustafson and Paul Ramsey, especially their thinking about the role of religion in medical ethics.

We are provided with a description of the background of the focus group study, including some of the methodological considerations, and the legal situation affecting transplantation. Rocklinsberg then gives a tentative definition of the religious view of life. She then provides examples of the use of personal religious faith and religious ideas about the role of God and perceptions of death in decision-making by the focus group participants. She then analyses the findings from the focus groups.

The use of religious ideas and beliefs by both the participants and the theologians is found to be complex in both content and form.

Rocklinsberg suggests that the question of transplantation would benefit from taking into account the complex nature of religious views when seeking informed consent when a person is considering a transplant.

A rich paper for any chaplain involved in organ transplantation. (36 refs)

John Swinton, Christine Trevett

Religion and autism: initiating an interdisciplinary conversation - editorial

***** J of Religion, Disability and Health**

Vol. 13 # 1 (- 2009) pp. 2-6

There has been little critical reflection on autism and religion, and this was the reason why, in 2007, the University of Aberdeen and the University of Cardiff began a collaborative project to start to explore the "forgotten" interface between them. Four of the articles in this issue were presented at symposia held at the two universities that year. Two additional papers were contributed by U.S. writers. The writers are from diverse fields: theology and ethics, religious studies and education, history, anthropology, psychology and autism research, psychiatry, and cultural studies. In this editorial, there is an overview of the contributions in this issue. References are made to Christian, Jewish, Buddhist and New Age traditions.

A research group has been established: Autism Spectrum People and Religion Research Group. Go to: www.abdn.ac.uk/cshad (10 refs)

David E. Vance, Robert A. Woodley

Spiritual expressions of coping in adults with HIV: implications for successful aging

***** J of Religion, Disability and Health**

Vol. 12 # 1 (- 2008) pp. 37-57

Thanks to more effective medications, adults with HIV can now anticipate longer lifespans. In fact, aging with this disease is now possible. One of the implications of this change is that adults with HIV no longer seek answers to issues of coping with a stigmatizing disease and their spirituality, they also seek answers to the problems of successful aging and their spirituality.

Using qualitative data from interviews and observations of 18 adults approaching middle- and older age with HIV, this study examines the challenges and spiritual resources for their aging. From this, a picture of using spirituality to cope with HIV as one ages is described. Themes such as: streamlining life, belief in the here and now, right behavior, new path, new strength, fellowship, and closer to God were found. Examples of each are given to emphasize how such spirituality facilitates coping with HIV, which may also enable successful aging. (50 refs)

Lauren C. Vanderwerker, George F. Handzo, Sarah L. Fogg, Jon A. Overvold

Selected findings from the "New York" and the "Metropolitan" Chaplaincy studies: a 10- year comparison of chaplaincy in the New York City area

***** J of Health Care Chaplaincy**

Vol. 15 # 1 (- 2009) pp. 13-24

The ways in which patients are managed during hospitalization have changed greatly in the modern era. Which raises questions as to how the changes have affected chaplaincy practices. Additionally, in the U.S. at least, many chaplains have become more integrated into the overall services of their institutions.

This paper reports data which was collected in two different studies. The first was done in 1994-6 with data recorded from 33,000 chaplain visits - the New York Chaplaincy Study. The second from 2005-6 with data from 58,000 chaplain visits - the Metropolitan Chaplaincy Study.

While not identical, and the problems raised by this fact are discussed, the authors have found sufficient commonality within the data gathered to make useful comparisons between the two.

The findings show that over the decade between the studies

(a) the proportion of visits with family members decreases and with patients increases.

(b) the percentage of visits triggered by referrals increases by almost 50%.

(c) the lengths of the same kinds of visits have remained virtually the same.

(d) patterns in visitation by chaplains and CPE students were quite similar in both studies and remained unchanged from the first to the second study.

(e) chaplains appear to have become increasingly engaged in code/emergency/death situations.

The authors make the following observation: "chaplains are adjusting to increased time demands by developing effective ways to identify patients with the most distress and prioritizing their clinical time accordingly." (p. 22) (13 refs)

Ellen Wagenfeld-Heinz

One mind or two? How psychiatrists and psychologists reconcile faith and science

J of Religion and Health

Vol. 47 # 3 (Sept 2008) pp. 338-353

The question addressed in this study is: if, how and to what extent do psychologists and psychiatrists reconcile their medical-scientific training with their own religious and spiritual beliefs, and the practices they employ in their work? Do therapists in these two fields leave their faith commitment at the door of the treatment room? The study was done in southern Michigan, and 30 therapists (16 women, 14 men) were interviewed. They had to be fully practice-licensed, affiliated with a Jewish or Christian community, or not affiliated but self-described as spiritual, and having had experience providing outpatient psychotherapy with adults.

The answers to the study questions are complex. For the majority, both medical- scientific and religious/spiritual paradigms are able to co-exist as equal spheres of knowledge. They did not consider themselves as being less than fully scientific at the expense of being religious/spiritual.

Wagenfeld-Heinz's explanation for why the scientific and R/S spheres can co-exist as well as they do is because all the therapists felt their first obligation was to follow their patient: "start where the client is." Second, this group of therapists were all motivated to include R/S in their work. (37 refs)